CLAIM FOR REIMBURSEMENT FOR EXPENDITURES ON OFFICIAL BUSINESS

1. DEPARTMENT OR ESTABLISHMENT, BUREAU, DIVISION OR OFFICE: ELMENDORF

2. VOUCHER NUMBER

3. SCHEDULE NUMBER

Read the Privacy Act Statement on the back of this form.

5. PAID BY

4. CLAIMANT

a. NAME (Last, first, middle initial): LAST NAME FIRST M.

b. SOCIAL SECURITY NUMBER: 999-99-9999

c. MAILING ADDRESS (Include ZIP Code): Home Address

d. OFFICE TELEPHONE NUMBER: (808) 449-9999

6. EXPENDITURES *(If fare claimed in col. (g) exceeds charge for one person, show in col. (h) the number of additional persons which accompanied the claimant.)*

Show appropriate code in col. (b):
A - Local travel
B - Telephone or telegraph, or
C - Other Expenses *(Itemized)*

(Explain expenditures in specific detail.)

DATE 19 (a)	CODE (b)	(c) FROM	(d) TO	MILEAGE RATE / NO. OF MILES (e)	AMOUNT CLAIMED: MILEAGE (f)	FARE OR TOLL (g)	ADD. PERSONS (h)	TIPS AND MISCELLANEOUS (i)
				$0.3250				
09/14/01		Itemize Expenses	Reflect cost in columna (g)		$0.0000			
09/15/01	C							
					$0.0000			
					$0.0000			
					$0.0000			
					$0.0000			
		"I certify this claim is true	and correct and proper and		$0.0000			
		there was an urgent and	unforeseen public necessity for		$0.0000			
		the expenditure of my personal	funds; and that payment or		$0.0000			
		credit has not been received."	(Signed in Block 10)		$0.0000			
					$0.0000			
If additional space is required continue on the back.			SUBTOTALS CARRIED FORWARD FROM THE BACK		$0.0000			
			TOTALS		$0.0000			

7. AMOUNT CLAIMED *(Total of cols (f), (g) and (i).)* ▶ $ 0.0000

8. This claim is approved. Long distance telephone calls, if shown, are certified as necessary in the interest of the Government. *(Note: If long distance calls are included, the approving official must have been authorized, in writing, by the head of the department or agency to so certify (31 U.S.C. 680a).)*

Sign Original Only

APPROVING OFFICIAL SIGN HERE ▶ NAME, GRADE, TITLE Unit CC or Director — DATE

9. This claim is certified correct and proper for payment.

Sign Original Only

AUTHORIZED CERTIFYING OFFICER SIGN HERE ▶ FSO Representative — DATE

10. I certify that this claim is true and correct to the best of my knowledge and belief and that payment or credit has not been received by me.

PAYMENT DESIRED — Sign Original Only

☒ CHECK ☐ CASH EFT

CLAIMANT SIGN HERE ▶ Individual in Block 4 — DATE

11. CASH PAYMENT RECEIPT

a. PAYEE *(Signature)*: PROVIDE EFT BANK INFORMATION ACCOUNT NUMBER AND BANK ROUTING NUMBER.

b. DATE

c. AMOUNT $

12. PAYMENT MADE BY CHECK NO.

ACCOUNTING CLASSIFICATION

Fund Cite Required — Resource Advisor initials